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18 SEP 20 PM 5: 15 SECRETANT OF STATE ALLAHASSEE, FLORIDA

SEP 22 2018 S. YOUNG

COVER LETTER ---

	egistration Se ivision of Cor				
	D VILLEG	AS LLC 2			
SUBJECT	:	Name of Lim	ited Liability Company		
The enclose	ed Anicles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	rn all correspo	ndence concerning this matter	to the following:		
		Daniel Villegas			
			Name of Person		
		All About Athletics			
		· · · · · · · · · · · · · · · · · · ·	Firm/Company		18
		9824 SW 154th Ct	, and company		SEP 20 PH
			Address		20 E
		Miami, FL 33196			20 PH S
		danielvillegas19@gmail.c	City/State and Zip Code com		5: 15 LORIDA
		fication)			
For further	information co	oncerning this matter, please ca	all:		
Daniel Vill	egas		305 9054399 at ()		
Name of Person			e Telephone Number		
Enclosed is	a check for th	ne following amount:			
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Con (additional cop	of Status & oppy
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:	

Registration Section

Division of Corporations

Tallahassee, FL 32301

Clifton Building 2661 Executive Center Circle

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D VILLEGAS LLC 2				
(Name of the Lim	ted Liability Comps (A Florida Limited	any as it now appears on or Liability Company)	ur records.)	
The Articles of Organization for this Limited I Florida document number L17000172538	Liability Company	were filed on August 1	14th, 2017	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here:		
All About Athletics LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designat	ion "LLC" or the abb	reviation "L.L.C,"
Enter new principal offices address, if appli	cable:	9824 SW 154th Ct M	Miami, FL 33196	
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and registered agent and/or the new registered of	Vor registered o	9824 SW 154th Ct M		SEP 20 PM 5: 150 the nev
Name of New Registered Agent:	Daniel Villega	ıs		
New Registered Office Address:	9824 SW 154			
		Enter Florida stre	eet address	
	Miami		Florida ³³¹	96
		City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
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docume	nt s effective date	on the Department of	of State's records	i.	- 5	The state of the s	will like be	nsted (is the
If the reco	ord specifies a d	delayed effective	e date, but no	at an effect	tive time a	t 12:01 a	11.		_
(b) The 9	90th day after t	the record is file	d.	on ence	ave anne, a	t 12.01 a.m.	on the ea	irlier (of:
Dated S	eptember 10th		2018						
			-· 	<u> </u>					
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		Signature of	a member or suth						
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	Daniel Villegas	S					Es:		
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